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## APPLICANTS

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This appln claims benefit of 60/198,014 04/18/2000  
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\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none e/s*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 12	TOTAL CLAIMS <i>23</i>	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>K/S</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Enhanced slice prediction feedback

FILING FEE  RECEIVED 1156	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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